

# CITY OF AUBURN BUILDING DEPARTMENT

## PERMIT APPLICATION - NEW CONSTRUCTION

### APPLICANT TO COMPLETE:

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Worker's Comp Cert.? \_\_\_\_\_

If Owner/Builder permit, are you hiring employees? \_\_\_\_\_

CONSTRUCTION SITE ADDRESS \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Type of Work/Use: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Describe work to be done: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY APN # \_\_\_\_\_

Sq. Ft.

Occupancy

Valuation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Valuation \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_